EXHIBIT BB

Inmate Request Form dated 12/18/03

COOSA COUNTY JAIL
INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Blyan Kelly CELL: 103-B

DATE: 12-18-03 TIME: 10:05

Please check one of the following:

____Medical ____Commissary __X__Grievance ____Other

Briefly state your request or list your commissary items below"

Can't understand why one person can Fall out and come back for 2 days in bed but I set on Table so I set cent to the hole I'm schizoid & Bipolar I can't take that hole

Inmate's signature [signature]

Do not write below—for reply only

You have been told several times why you are up there

12/18/03 AS

Signature of Jail Officer receiving original request:

COOSA COUNTY JAIL
INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 103-B

DATE: 12-18-03 TIME: 10:00

Please check one of the following:

✓ Medical ____ Commissary ____ Grievance ____ Other

Briefly state your request or list your commissary items below"

Need To See a Real Doctor To Find out about Falling out so I want be put In holding pen For being sick I don't understand why I try to Tell The Truth and get in Trouble For it ya want let Sam Talk To Kiki Davis so my FATHER is.

Inmate's signature Daniel Bryan Kelley

Do not write below—for reply only

You are Placed up front so you can be Monitored on Camera 24 hrs for your safety due to your Medical Issue - This has been Explained to you

Signature of Jail Officer receiving original request: Sergeant Timo 12/18/03

EXHIBIT CC

Inmate Request Form dated 12/27/03

COOSA COUNTY JAIL
INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: Michale

DATE: 12-27-03 TIME: 1:35

Please check one of the following:

✓ Medical ____ Commissary ____ Grievance ____ Other

Briefly state your request or list your commissary items below"

Rt. Tooth is hurting, and need To See Medical Doctor To get Some pills That Medicine was Keeping my Back & Tooth reduce Down.

Inmate's signature _____

Do not write below—for reply only

Will Make Dentist appointment and get Robaxin Refilled 1/2/04

Signature of Jail Officer receiving original request:

EXHIBIT DD

Dr. Currie Medical Records

13[illegible] Patient's name Daniel "Bryan" Kelley

Name Daniel "Bryan" Kelley | Ins. no. | Soc. Sec. no. | Patient no. | Card no.

Residence address | Residence telephone no. | Business address | Business telephone no.

City | Send statement to (If different from residence address)

1 Date 04	2 Services rendered	3 Fees
1 14	[illegible] 4/5: 1 [illegible]; extr 5 [illegible]; 4-0 gut X 1; no [illegible]	0220 71 40 71 40

1 Date	2 Services rendered	3 Fees

Item 594

David P. Currie, DMD
P.O. Box 2250
Sylacauga, AL 35150

Office Phone: 256-245-6039

Commisson Coosa
Law Enforcement Center
P.O. Box 10
Rockford, AL 35136

Account history for 01-14-04 to 01-14-04, printed on 08-01-07
(this is not a statement)

Date	Patient	Description	Amount	Balance
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
01-14-04	Bryan	Periapical single, first (#4)	12.00	148.00
01-14-04	Bryan	Ext. Erupt Th Or Expos Rt (#4)	58.00	206.00
01-14-04	Bryan	Ext. Erupt Th Or Expos Rt (#5)	58.00	264.00
01-14-04		Ending balance		264.00

Patient	Charges	Ins Pmts	Patient Pmts	Net Adj
Billy	65.00	0.00	0.00	0.00
Bryan	128.00	0.00	0.00	0.00
Totals	193.00	0.00	0.00	0.00

David P. Currie, DMD
P.O. Box 2250
Sylacauga, AL 35150

Office Phone: 256-245-6039

Commisson Coosa
Law Enforcement Center
P.O. Box 10
Rockford, AL 35136

Account history for 03-22-04 to 03-22-04, printed on 08-01-07
(this is not a statement)

Date	Patient	Description	Amount	Balance
[redacted]		[redacted]	[redacted]	[redacted]
03-22-04	Account	Check pmt: thank you! (13038)	-128.00	[redacted]
03-22-04		Ending balance		[redacted]

Patient	Charges	Ins Pmts	Patient Pmts	Net Adj
Account	0.00	0.00	128.00	0.00
Totals	0.00	0.00	128.00	0.00

PATIENT INFORMATION

Date 1/4/03 Patient's Name Brandi Bryan Kelly

Address (Street or Box) 201 Pinecrest Cir

(City) Sylacauga (State) AL (Zip) 35150

Home Phone (256) 249-5872 Date of Birth 06/17/77 Sex: M ___ F L

Social Security Number 420-25-6520 Medicaid Number ___

RESPONSIBLE PARTY INFORMATION

Name Robert Paul Kelly Sr. Coosa County, AL Marital Status: S ___ M ___ D/ W ___

Residence Address (Street or Box) ___

(City) Rockford (State) AL (Zip) 35136

Home Phone (___) ___ Work Phone (___) ___ Ext. ___

Social Security Number ___ Date of Birth ___/___/___

Patient's Relation to you: Self ___ Spouse ___ Child ___ Other ___

Spouse's Name ___ Date of Birth ___/___/___

Social Security Number ___ Work Phone (___) ___

INSURANCE INFORMATION

Insured's Name ___ Contract Number ___

Insured's Address (If different from responsible party):

(Street or Box) ___ (City) ___ (State) ___ (Zip) ___

Patient's Relation to you: Self ___ Spouse ___ Child ___ Other ___

Insured's Employer ___

Employer's Address ___

Insurance Company ___ Group # ___

Insurance Company Address ___

Insurance Company Phone Number (___) ___

Do you have other dental insurance coverage? Yes___ No___. If yes, please fill in the following secondary insurance information

Insured's Name ___ Contract Number ___

Patient's Relation to you: Self ___ Spouse ___ Child ___ Other ___

Employer and Employer's Address ___

Insurance Company ___ Group # ___

Insurance Company Address ___

Insurance Company Phone Number (___) ___

MEDICAL INFORMATION

Do you have or have you ever had:

	Yes	No		Yes	No
Anemia (low blood)	____	____	Diabetes	____	✓
Allergies	____	✓	Abnormal bleeding	____	✓
to penicillin	____	✓	Heart attack	____	✓
to anesthetic	____	✓	Stroke	____	✓
Artificial heart valve	____	✓	Artificial joint	____	✓
Mitral valve prolapse	____	✓	Rheumatic fever	____	✓
Hepatitis	____	✓	Cancer	____	✓
Tuberculosis (TB)	____	✓	Thyroid problems	____	✓
High blood pressure	____	✓	Epilepsy/seizures	____	✓

Is there any other information about your health that we need to know?

If yes, what? _____

Are you under a physician's care? If yes, why? Yes Broke back L4 L5 S1

Name of physician Dr. Frank Phone # _____

FOR WOMEN ONLY:

Are you pregnant? Yes ____ (what month) _____ No ____

Are you nursing? Yes ____ No ____ Are you taking birth control pills? Yes ____ No ____

FINANCIAL POLICY

We request that you pay for your treatment on the day service is provided, or at least pay the portion not paid by dental insurance. ALL EMERGENCY TREATMENT IS ON A CASH/CHECK BASIS. We can file your insurance to reimburse you for emergency treatment. We are happy to assist you with your dental insurance if you will bring your insurance card and sign a form for us. We usually accept assignment of benefits. However, you are responsible for your account. Most dental plans pay for only a portion of the treatment and plans vary according to your contract.

On open accounts, if payment is not received within 90 days, the account will be turned over for collection. The responsible party will be liable for any collection fees, court costs, or legal fees involved. There will be a $20.00 charge for any returned check.

I understand the above information and hereby consent for David P. Currie, D.M.D. and his staff to provide dental treatment.

Kevin Byrne

(signature of patient or responsible party)

EXHIBIT EE

Coosa County Sheriff's Department Doctor Visit – Prescription Form dated 01/14/04

Coosa County Sheriff's Department

DOCTOR VISIT – RX FORM

DATE 1/14/04

INMATE NAME Kelley, Bryan

COMPLAINT Tooth Pulled

DOCTOR'S NAME Dr. Cunnie

NUMBER OF PRESCRIPTIONS 0

EXHIBIT FF

Inmate Request Form dated 01/06/04

COOSA COUNTY JAIL
INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: The hole

DATE: _____ TIME: 12:22

Please check one of the following:

X Medical ____ Commissary ____ Grievance ____ Other

Briefly state your request or list your commissary items below"

have sick all over and allergic to something

Inmate's signature [signature]

Do not write below—for reply only

Appt will be made 1/6/04

Signature of Jail Officer receiving original request: